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PORTLAND
City Club
BULLETIN

CRYSTAL ROOM, BENSON HOTEL
FRIDAY, 12:10 P. M.

Portland, Oregon—Vol. 23, No. 9—July 10, 1942

• *The Crystal Room Is Air-Conditioned* •

Fighting Fire Blitzes

**By E. A. BAKER, Station Officer, London Fire Brigade and
RUDOLF HAYBROOK, Artist, Auxiliary Fireman**

Just how does woe-de-Cologne feel when applied in large doses? Will it provide a salutary specific for Nazi ambitions?

From bomb-racked London come two men with answers to these and many other questions in the minds and hearts of vulnerable Portlanders.

One of the men who saved St. Paul's Cathedral from destruction by fire in 1940, E. A. Baker has been a fireman since 1920, and was promoted to command of the important Euston area of London after his predecessor was killed by a Nazi bomb. During the worst months of the blitz, Baker had charge of fire fighting in the district which claims the highest fire risk in the world.

Haybrook was a soldier in the last World War at 16. In post war years he won fame as a portrait artist. When war was declared, he joined the Auxiliary Fire Services, and was one of the men who crossed to Dunkirk on the London Fire Boat "Massey Shaw," and helped to rescue hundreds of men from that hellish beach.

Haybrook and Baker, with Clarence Palmer, came to Portland to exhibit more than 100 paintings of the blitz which were featured in the March 2 issue of LIFE. The paintings may be seen in the Meier & Frank auditorium.



ALSO

HEALTH CERTIFICATION FOR FOOD HANDLERS, CHILD-CARING ATTENDANTS AND DOMESTICS

A report of the Public Health Section presented by

DR. CARL G. ASHLEY, Chairman



NEW MEMBERS TO BE INTRODUCED

PAUL A. SAYRE, Attorney. Proposed by Henry M. Gunn.

ROBERT ROSENBAUM, Mathematics Instructor, Reed College. Proposed by Dr. F. L. Griffin.

WALTER L. TOOZE, Attorney. Proposed by J. W. Campbell.

PORTLAND CITY CLUB BULLETINPublished each Friday by the
CITY CLUB OF PORTLAND

"To inform its members and the community in public matters and to arouse in them a realization of the obligations of citizenship."

Howard E. Kessler, Editor**City Club Office - 516 Oregon Building
Telephone - BRoadway 1443**

Entered as second class matter at the Portland, Oregon post office October 29, 1920, under act of March 3, 1879.
Subscription rate one dollar per year included in annual dues.

Vol. 23**July 10, 1942****No. 9****BICYCLE COURTS**

Young offenders against bicycle ordinances in several cities no longer can complain they must face hard-boiled judges who have forgotten their own boyhood indiscretions.

Bicycle courts conducted by "judges" their own age hear charges and pass sentence on such offenses in Dallas, Tex., Rochester and Cloquet, Minn., Wilmette, Ill., Oshkosh, Wis., and other cities, according to reports to the American Municipal Association.

Typical of the junior bicycle courts is the arrangement in Rochester, where court is held each Saturday during the school year and every other Saturday during vacations. High school boys act as judges. During 11 months of 1941, 515 cases were heard, with the most frequent violations being riding at night without lights, riding more than one on a bicycle, and failing to observe "Stop" signs. Sentences included fines of 25 to 500 words on safety subjects, mandatory attendance at court sessions, memorizing sections of the bicycle ordinance, impounding of bicycles, and mapping all stop sign locations in the city.

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**CITYZENS
MAGNA CUM LAUDE**

Last on City Club rosters for many years, C. E. Zollinger, genial, whip-smart first National Bank Vice-President, stands first in service on City Club records. Zollinger, who joined the Club December 31, 1926, is the only one of 525 members who has won a place on all of the five honor rolls representing committee activity, membership work, both in number and quality of members sponsored, faithful attendance, and administrative service.

Only one man, Ernest Farnand, has served on more City Club committees than Zollinger. Only three men have served longer on the Board of Governors. In members proposed since 1935 and present members proposed by him, Zollinger stands sixth and ninth respectively. He was also ninth in number of luncheon meetings attended last year.

Fifteen members won places on two or more of the honor rolls. Fifty others did honors work in one field of endeavor.

Method used in the selection of Cityzens for the honor lists was simple, and included the following delimitations:

1. Members who have served on eight or more committees.
2. Members who have proposed at least seven new members since 1935.
3. Members who have proposed at least 10 of the present membership.
4. Members who attended at least 32 meetings in 1941.
5. Members who have served four years or more on the Board of Governors.

Only present members were considered in making up the lists.

MEMBER	Com- mittees (Min:8)	Propo- sed (Min:7)	Mem- bers Pro- posed (Min:10)	Meet- ings At- tended (Min:32)	Years on Board (Min:4)
C. E. Zollinger.....	12	11	10	38	6
Frank W. Paris.....	..	27	26	42	..
Stewart J. Moore....	..	23	21	36	..
A. A. Goldsmith.....	9	10	12	..	..
Mel Arnold.....	..	14	12	37	..
Thaddeus Veness....	9	10	..	..	5
William J. Sheehy....	..	69*	42*	..	..
C. Herald Campbell..	..	28	17	..	..
Anson S. Frohman....	9	9	..	..	..
Stuart R. Strong....	..	..	14	..	6
G. E. Cannon.....	8	..	..	33	..
I. E. Herwin.....	..	7	11	..	..
Alfred Parker.....	9	..	..	..	4
Nicholas Jaureguy...	9	..	..	..	5
James McKinnon....	..	..	..	38	7*
Charles McKinley....	..	..	..	..	7*
MacCormac Snow....	..	..	..	..	7*
Dr. Ralph Maris.....	..	..	..	44*	..
Ernest Farnand.....	13*	..	..	..	..

Committees: C. C. Chapman, 11; W. L. Brewster, W. L. Brewster Jr., Albert T. Gordon, Howard B. Holman, A. D. Platt, Walter S. Klein, 10; George W. Schoeffel, 9; T. T. Munger, Dr. George Millett, Edward A. Boyrie, C. D. Phillips, Orrin E. Stanley, Guy Jacques, A. B. Cutler, John C. Failing, Charles M. Sanford, Earl A. Marshall, Berkeley Snow, 8.

Members Proposed, 1935-42: Dr. G. Bernard Noble, Clarence J. Young, 10; Henry M. Gunn, 9; R. L. Sherwood, 8; J. W. Campbell, 7.

Present Members Proposed: All included in above table.

Meetings Attended, 1941: A. H. Averill, 43; Dr. Clark Black, E. L. Westover, 40; Lynn D. Johnson, R. Burke Morden, Franklin A. Kenny, 39; J. W. Murphy, 37; Dr. Earl R. Abbett, 36; Wallace Caulfield, 36; Herbert A. Templeton, 35; D. F. McCurrach, George Friede, 33; Royce McCandliss, 32.

Service on Board of Governors: George Mackenzie, 6; Ernest Willard, William McCulloch, 5; Quincy Scott, Randall Jones, R. R. Rankin, 4.

* First place in classification.

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WEED CONTROL LAWS

Weeds, which spread hay fever and otherwise menace health, are outlawed as public nuisances in New York and Chicago by two stringent ordinances passed for these cities recently, the American Municipal Association reported today.

The New York measure empowers the city board of health to name a period during which owners, lessees or occupants of property must destroy all ragweed on their premises; if they do not comply, the sanitation department is to remove the weeds and assess the property owner for the costs.

An educational campaign will accompany first enforcement of the law this summer with the objective of securing cooperation of nearby towns in an anti-ragweed program.

**PROPOSED FOR MEMBERSHIP
AND APPROVED BY
THE BOARD OF GOVERNORS**

If no objections are received by the Executive Secretary prior to July 17, 1942, the following applicant will be elected:

DR. BLAIR STEWART
State Price Officer, OPA
Proposed by Dr. G. Bernard Noble

PHONOGRAPH TESTS

A phonograph record carrying practice dictation at 80 to 100 words a minute is becoming familiar equipment for testing civil service candidates for stenographic and typing positions, reports to the Civil Service Assembly of the United States and Canada showed today.

Illinois and Idaho merit system councils are agencies utilizing the method most recently. The Kentucky division of personnel and the Chicago Park District are among agencies previously reporting its use.

**HEALTH CERTIFICATION FOR FOOD HANDLERS, ATTENDANTS IN
CHILD-CARING INSTITUTIONS AND DOMESTIC SERVANTS**

To the Board of Governors of the City Club:

Your committee, appointed to study health certification in Portland for food handlers, attendants in child-caring institutions, and domestics, submits the following report:

**I. EXAMINATION OF FOOD
HANDLERS**

On June 4, 1919, Ordinance No. 35445 was passed by the City Council of Portland. This ordinance provided that no person afflicted with a contagious disease shall engage in the handling of food for human consumption. It also provided that all persons, upon entering into employment as food handlers, be provided with health certificates. Several amendments to the original ordinance have clarified and enlarged the scope of the provisions.

At the present time, a person who is about to enter into any occupation requiring the handling of food, must present himself to the City Health Officer or his representative for a physical examination. It is unlawful for such person to present himself or herself for examination without being engaged or about to be engaged in such activity. The examination is given without charge to the individual, and he must present himself once a year for re-examination. At the request of the Health Officer, he must present himself for additional examinations at any time. Upon learning that he has a communicable disease, the food handler must surrender his certificate. It is unlawful for him to misrepresent his name, loan his card, or in any other way to obtain or use a certificate falsely.

What Examination Is

There are two full-time physicians, one man and one woman, in charge of conducting the examinations. The food handler is inspected for any external evidence of skin disease or venereal disease. His lungs and throat are examined. If there is suspicion of gonorrhea, a smear is taken. A Kahn blood test for syphilis is taken. Only handlers of milk are required to submit a stool specimen for typhoid fever or other stool-borne disease. No individual reason record for rejection is kept.

The following table will show the number of examinations and rejections for the years 1932-1941, inclusive:

Year	Number Examined	Number Rejected
1932.....	21,567	76
1933.....	20,386	39
1934.....	22,556	75
1935.....	23,834	No Figures
1936.....	25,021	23
1937.....	27,767	No Figures
1938.....	25,727	125
1939.....	21,232	279
1940.....	20,530	296
1941.....	21,780	212

In 1940, 1,259 throat cultures were taken, 120 smears for gonorrhea, with 14 positive, 15,454 Kahn tests for syphilis with 231 positive and 56 doubtful. There is no record on the number of stool examinations for typhoid, or of any positive cultures obtained.

The cost of maintaining the present system of examinations is approximately \$5,000 per year. Each physician must examine from 30 to 100 persons a day, and so the examination must of necessity be a cursory one. No adequate means are available for the proper detection of tuberculosis or the stool-borne diseases. Cost of such examinations make them prohibitive.

Sound Principles

The health certification ordinance was set up in order to protect the public health. The principles are sound. Certain advantages must not be overlooked. From an aesthetic as well as a practical point of view, the public has reason to demand that the people who handle their food be free from contagious disease. It would be a very simple matter if one were able to eliminate those individuals who had contagious disease from the food handling occupations. We shall see later that this is impossible.

It is true that the mere fact that an examination is required may serve to dissuade some individuals who are suffering from contagious diseases from even attempting to enter food handling occupations. Also, the popular appeal of food handler legislation has become traditional. A sense of security is fostered in the food handler himself, in the employer and in the public.

Certain questions immediately arise. We have admitted that it is desirable to do everything that can be done to eliminate food-borne infections or

epidemics. Research in the field of public health has shown, however, that very few cases of transmission of communicable disease can be traced to the condition of the food handler himself. Most of the cases arise out of improper handling or storage of foods. We need only to recall the small epidemics of food poisoning which have occurred in Portland in recent years. These were traced to improper storage of custard-filled pastry.

It is commonly believed that venereal diseases may be transmitted through food handlers. The chance for this is practically nil. Syphilis is only communicable in certain periods of the disease, outside of sexual contact. Even then, the chances of contracting the disease through intestinal channels is indeed very remote. The same is true of gonorrhea. Therefore, the only real value of discovering these cases by food handler examinations is to the individual himself and to those who might otherwise be exposed to him, but not to the general public, who consume the food he has handled.

Respiratory Infections

The respiratory infections present a somewhat different problem. It is possible that tuberculosis be contracted through food handling, though this possibility is again remote. Even if it were of value to eliminate those individuals with tuberculosis, the cost of obtaining an X-Ray, which is the only reliable method of detecting tuberculosis activity, would be prohibitive. To film and read over 20,000 films per year would take a full-time staff in itself, and the results certainly would not justify the expense. The common cold constitutes a real menace, but this cannot be controlled by annual examinations. A cold may be present 24 hours after a food handler has received a certificate that he is free from communicable disease. This, of course, is true of any disease.

One of the greatest dangers of infection may arise from the intestinal diseases. This group includes typhoid, paratyphoid, bacillary dysentery, amoebic dysentery, and others. The main danger lies in the fact that the individual himself may be perfectly unaware that he carries the disease. Ideally, it would be a great benefit to the public to eliminate all typhoid carriers, but occurrence of the disease is so rare that a general program of stool examination would be too expensive for the results that might be achieved. For instance, out of a total of 108,175 persons examined in New York City, only two typhoid carriers were found.

It seems apparent from the foregoing facts that even the most thorough examination possible would not give the public the protection it feels it is getting, since an examination only assures freedom from infection at a given time. The situation might change entirely in a few hours. Therefore, it would seem wise to find some more satisfactory approach to the problem.

Certification Discarded

A number of large cities, including New York and Baltimore, have discarded the issuing of food handler certificates, and have found more satisfactory substitutes. An educational program would yield far better results, and the cost need be no more. Each food handler should be taught to wash his hands thoroughly before handling

food. He should be obliged to familiarize himself with the essential features of sanitation. He should know the dangers of transmitting disease through the stool to food, and should always wash his hands after leaving the toilet. He should keep his hands out of his mouth, should wash after sneezing or coughing, and should keep his finger nails clean and short at all times. Women should wear head coverings to keep their hair out of the food. No person with a respiratory infection should be allowed to work while such infection is present.

It is difficult to divide the responsibility in such a program. Under the present system, the Health Officer is not deluded by the value of the examination, the employer often feels he has discharged his duty when he makes sure that each employee has an annually renewed food card, and the employee either has a false sense of security or inwardly rebels at "getting away with something." The program is one of public health, and should remain under the jurisdiction of the Health Officer. Through his office, a unified system of instruction could be given all new employees. He could still have the right to reject anyone showing evidence of contagious disease. A more complete initial examination, together with the history of the individual's health, should be obtained from every new food handler, and a license granted to him. It should be made clear to him that he has a responsibility to the public and to his employer to report any contagious disease. Your committee also feels strongly that more responsibility should be placed on every employer, with possible penalties for failure to see that his employees are free from infection, and that they carry out the simple sanitary procedures in the handling of food. It would be beneficial to have a more rigid method of reporting communicable diseases to the Health Officer. This might well include the occupation of the individual. If a person having a communicable disease is a food handler, he should be excluded from such work. This might help to prevent the spread of such diseases as scarlet fever and diphtheria.

Educational Efforts

Some of the individuals directly involved in the problem of food handlers have taken matters into their own hands, and have carried out modified programs along the lines that have been suggested above. The culinary unions have sponsored a type of educational program. Under broader supervision, such a program might prove a valuable beginning for health education. Certain of the more progressive employers interviewed by the committee have also insisted upon cleanliness in their employees, and have sent those suspected of some contagion to the Health Officer. Hospital dietitians who were also interviewed have stated that their hospitals conduct their own examinations of food handlers in their employ, giving chest X-Rays and taking stool cultures. This would seem an especially desirable program in hospitals, and the cost to them is less than for others.

Your committee feels that an entirely erroneous impression concerning the value of food handlers' certificates has been maintained by the public. We therefore feel that the present laws regulating certification of food handlers should be changed.

II. EXAMINATION OF ATTENDANTS IN CHILD-CARING INSTITUTIONS

There are several classifications of institutions caring for children, including hospitals, children's homes, nurseries, day nurseries, and agencies supplying women who take care of children in private homes.

Certain regulations are provided for by law. In the case of children's homes, the matron in charge must present evidence that she is qualified by special training to care for children. Each attendant must be physically examined by a city health bureau physician at least once a year. No certificate is issued to such attendant, and it has not been general practice to carry out the provision for annual physical examinations of these attendants. The law does not provide for agencies other than children's homes.

To a large extent, what has already been said concerning food handlers would also apply to attendants in child-caring institutions and agencies. In this case, however, certain communicable diseases assume a far greater importance. It should be realized that small children are highly susceptible to all infections. This is especially true of tuberculosis. The constant contact of a group of children with an adult infected with tuberculosis, will usually lead to most tragic consequences. Not only will many of the children contract tuberculosis, but a certain percentage will contract tuberculosis meningitis, which is a uniformly fatal disease. The state has now recognized this hazard in the pupil-teacher relationship, and a recent legislature passed a bill providing that all teachers in the state be examined for tuberculosis at regular intervals. This should certainly apply to these attendants. A tuberculin test should be given to each individual entering this type of work. If this is positive, a chest X-Ray should be taken to determine the activity of the disease. No individual infected with tuberculosis should have any prolonged contact with children.

Danger of Infection

Infant girls are usually susceptible to contact infection with gonorrhea. This may lead to gonorrheal infection of the eyes, which often results in blindness. It is, therefore, most important to determine that an attendant is free from venereal infection, especially gonorrhea. Transfer of the respiratory and intestinal diseases assumes the same importance as it does with food handlers.

In the case of children's homes, the intimate contact and the unusual susceptibility requires the eternal vigilance of all those concerned in order to prevent epidemics from occurring. Therefore, it would seem highly desirable to have a central control through the city health department of all these attendants. In actual practice, most of the institutions whose representatives were interviewed, had some degree of regulation. Some had adequate regulation, others did not.

III. EXAMINATION OF HOUSEHOLD SERVANTS

It is generally recognized that children are much more apt to be infected with tuberculosis and venereal disease by contact with adults than they are by contact with other children. There-

fore, it is advisable, ideally speaking, that all adults in any household be free from communicable disease. Periodical health examinations for the sake of the children has been advocated by numerous agencies. The American Academy of Pediatrics, through its committee on Contact Infections, has attempted to spread the problem as widely as possible throughout the country.

There are certain aspects peculiar to this problem of domestics that should be taken into consideration. It must be borne in mind that the contact possibilities in a household unit are very great. All members of the family share the same dishes, silverware, linen, and may use the same bathroom facilities.

The average domestic is in the lower income level. This would make it impossible for her to provide her own physical examination. Yet the same problems of contact infection especially with tuberculosis, are present with the domestic as with other individuals coming in close contact with children.

Placing Responsibility

It is difficult to place the responsibility of prevention of contact infections in the home. Public health officials will be kept busy enough regulating all the groups we have mentioned previously, so that they can scarcely be blamed for failing to assume further responsibilities. The problem here is one of individual relationships between the family group and its servant. It may be argued that it is difficult enough to obtain any kind of servant at present, without requiring a clean bill of health. Also, it is illogical to require a domestic to undergo examinations, when other adult members of the family might just as well have communicable diseases. The family has a responsibility to the domestic.

In attacking this problem, it would seem advisable to use educational means to inform householders concerning the dangers of contact infections, and the need for periodic health examinations for all members of the family. As the value of preventive medicine gradually spreads to the entire populace, there will be a greater demand on the part of the householder to see that his children are given every means of protection at our disposal. He will see to it that every domestic entering his employ is in good health and that she maintains proper health. In turn, the domestic will, through educational means, be shown that advantages accrue to her through better health. This will mean steadier employment, and in some instances higher wages. Several employment agencies in larger cities, such as New York, have required that all their clients have physical examinations. By issuing cards, which are presented with work references, to the prospective employer, higher wages have been obtained.

There are several methods of obtaining the desired results. Compulsory examination is required in one state and several communities. This method would inevitably lead to jurisdiction by the City Health Department, and we have already stated that the burden on them is great enough. The employer might be made to stand the cost of the examination. This might lead to resentment on the part of the employee, especially if choice of doctor was left up to the employer.

Finally, the employee might be required to pay. Unless low cost examination could be provided, this would be an impossible solution. The committee feels that this problem requires further study. We feel that a method similar to that worked out for teachers, through cooperation with the local Medical Society, might work out to mutual advantage.

SUMMARY

It seems apparent that the present system of issuing food handlers certificates leads to a false sense of security on the part of the public and the food handler and his employer. The purpose of the food handler law, namely to protect the public from communicable disease acquired through food, is not fulfilled.

There is need for enforcement of periodic examination of all attendants in child-caring institutions, as provided by law. The examination should include a careful search for tuberculosis and venereal disease.

It is recognized that every domestic should be free from communicable disease. The employer also has an obligation to the domestic. It is doubtful whether the Health Officer should be made responsible for these examinations, as it is not as clearly a public health measure as the foregoing.

RECOMMENDATIONS

The committee therefore makes the following recommendations:

1. That the present system of food handler certificates and examinations be abolished, and in its place a uniform educational program be set up in sanitation to be required of all food handlers.
2. That reporting of the individual's occupation on all reports of communicable diseases be required.
3. That the licensing and initial physical examination of all food handlers be required and that facilities in the City Health Bureau for the examination of all individuals suspected of communicable disease be maintained.
4. That the individual responsibility of both the employer and employee in the protection of the public health be increased through occasional inspection of employees by some agency set up by the City Health Department.
5. That all attendants of institutions caring for children be required to have a complete physical examination under the direction of the Health Officer; this examination to include a tuberculin test. If this test is positive, an X-Ray of the chest should be taken. This should also include examination for gonorrhea and syphilis, including a smear and a Wasserman test.
6. That the co-operation of the Multnomah County Medical Society be sought to provide for examination of domestics on a similar basis to that provided for School Teachers with variations to conform to conditions involved and to economic status.

Respectfully submitted,
Dr. Carl G. Ashley, Chairman
E. L. Westover
Howard B. Holman

Approved for transmission to the Board of Governors by Dr. Harold R. Lucas, chairman of the Public Health section. Accepted by the Board of Governors July 6, 1942, and ordered printed and submitted to the membership for consideration and action.

WAR AND PEACE

"The United States in War and Peace" is the theme of a conference to be held in Portland all day Tuesday, July 14. A distinguished faculty will participate in the lectures and round table discussions, all of which will be held in the main library.

Twenty Portland organizations are participating in the conference, the City Club among them. Dr. G. Bernard Noble is chairman of the organizing committee. National sponsoring groups are the World Alliance for International Friendship Through the Churches, Citizens for Victory, League of Nations Association, International Free World Association, Council for Democracy, and Commission to Study the Organization of Peace.

Lectures will be given by the following men: 9:45 a.m., Dr. Henry A. Atkinson, head of the World Alliance for International Friendship Through the Churches; 10:15 a.m., Clark M. Eichelberger, vice-president, Citizens for Victory; 1:45, Henry M. Holmes, secretary of the World Alliance; 2:15, Beryl Levy, counsel to the Commission of Jewish Affairs; 8:00, Edwin S. Silcox, chairman, Canadian Information Board; 8:30, Col. Thomas Tchou, secretary to Generalissimo Chiang Kai-Shek.

Round tables for educators, religious leaders, labor and business, and women's clubs will be held at 10:55. Reservations for luncheon at the Unitarian church may be made by calling TAbor 1725. At 2:55 a panel of all the faculty will discuss "Basic Conditions for Winning the War and Peace."

You are invited to attend any or all of these sessions.

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FIREMAN BAKER

Station Officer E. A. Baker of the London Fire Brigade, was born in the village of Stiffkey in 1900. He left school at 13 and worked as a farmer's boy. Apprenticed to a blacksmith, he later became a general blacksmith in 1914.

Posted to the 13th London Regiment Territorial Unit, he was undergoing training when the Armistice was signed. He continued infantry training and in January, 1919, was transferred to the 25th London Regiment Royal Fusiliers and was sent to Germany in February, 1919.

Baker returned to England in 1920 and was demobilized in March of that year. In July, 1920, he enrolled in the London Fire Brigade. He attended many big London fires, and relates colorful experiences during 10 years of service in many positions.

In July, 1939, Baker was promoted to Station Officer, and was made responsible for the organization and training of auxiliary firemen in B District. As officer in charge of the Euston area, he was responsible for an important sector of central London, which received the full weight of Hitler's fury.

Since the last concentrated raids on London the National Fire Service has been formed and all Fire Brigades have been taken over by the Government. In the new Service, Baker has been appointed Divisional Officer, and is responsible now for a large slice of the West End of London, in addition to the Euston district.